Division of Quality Assurance F-62495 (08/2020)

COMPLIANCE STATEMENT

- Completion and submission of this form is required by Wis. Admin. Code § SPS 361.40 prior to initial occupancy of a new building or addition and prior to final occupancy of an alteration of an existing building.
- This form must be completed and available at the time of the final construction inspection.
- This form is to be completed by the supervising professional responsible for building, HVAC, fire protection, building systems, or partial completion. A project may require multiple supervising professionals to complete and submit this form for **each** of their particular areas of responsibility.
- The supervising architect, engineer, or designer shall file this form with the Department of Health Services (DHS) certifying that construction of the portion to be occupied has been performed in substantial compliance with the approved plans and specifications.
- If you have questions about completion or use of this form, call **(414) 227-4085**, email **DHSDQAPlanReview@wi.gov**, or contact your DQA representative.

I. PROJECT INFORMATION														
Name – Facility					DHS/DQA Project/Plan No.									
									_					
Building Occupancy and Use							'N		ı		ı			
		City							1 -					
Location – Street Address				Zip Code				County						
Project Description (Briefly describe scope of														
II. OWNER / ENTITY INFORMATION														
Name – Owner or Representative	Email Address													
Nama Entity	Email Address													
Name – Entity	Email Address													
Street Address			City						State	Zi	р Сос	de		
III. PURPOSE OF STATEMENT														
Check the appropriate box and provide any other applicable information to indicate compliance with the approved plans and specifications. Attach additional pages, if necessary.														
☐ Building ☐ HVAC ☐ Fire Protection System ☐ Essential Electrical System ☐ Kitchen Hood System ☐ Special Locking System												stem		
☐ Partial Completion – Specify:														
☐ Other – Specify:														
IV. STATEMENT OF SUBSTANTIAL COMPLIANCE - SUPERVISING PROFESSIONAL														
To the best of my knowledge and belief and based on site observation and testing, this project has been completed in substantial compliance with the approved plans and specifications.														
SIGNATURE – Supervising Professional			Date Signed (MM/dd/yyyy) Supv						v. Professional License No.					
>														
Name – Supervising Professional (Print or type.) Name – C			Company											
Mailing Address – Street or P.O. Box		C	City				S			Zip	Code			
Telephone No.	Email Addres	SS												